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To Heads of School, Training Programme Directors, Regional Advisors, College Tutors, Educational Supervisors and all Ophthalmologists in Training

Re: Final Stage of Training: Trainee Selected Components (TSCs) and Consultant Preparation

Trainee Selected Components (TSCs) have been reviewed by the Evaluation of Training Subcommittee to ensure that they continue to be a valuable tool for trainees towards the latter end of their training. The Training Committee has been challenged, during the Shape of Training review, to justify the current length of TSCs in Ophthalmology and we have been reminded that sub-specialisation should only take place post CCT.

TSCs should not be seen as definitive sub-specialty training but rather starting to develop a specialist interest which will allow trainees to get a deeper understanding of the special interest and add/enhance the skills required to allow them to undergo structured sub-specialisation training once they have gained their CCT or CESR (CP). The Sub-committee is currently developing a system of approving and recognising post-CCT fellowships which might allow an individual to become accredited as a sub-specialist.

With this in mind it has been agreed that TSCs should be:

- No more than 6 months long
- Undertaken at the latter part of ST6/early part ST7
- That the aims and objectives be clearly in line with the clarification above
- Only undertaken by trainees who have passed their final examination
- Only undertaken by trainees who are fully compliant with their curricular requirements for the stage of their training
- Trainees will only be allowed to do one TSC

Trainees are expected to undertake Consultant preparation for the last six months of their programme. It is accepted that the in-depth subject of a special interest adds hugely to the trainees' development and it is important for them to get the opportunity for a TSC, but this should be balanced with the time for Consultant Preparation.

5 December 2017

It is expected that they will return to programme to compete this aspect of their ST7 requirements. However, it may be acceptable for them to continue in an area of special interest as long as the requirements of Consultant Preparation are prioritised and specific attention is paid to this in their timetable, as they must have the following opportunities:

- Refresh and maintain general ophthalmic skills including acute services provision; to be ready to be the senior opinion on-call.
- Trainees are expected to have supervised around 20 cases of surgery before CCT or CESR (CP). Up to 10 full cases can be in simulation but must be the entire operation in the wet/dry lab, not just on the EyeSi. If the trainee has already undertaken cataract surgery supervision, they should then be given the opportunity for supervising specialist surgery; if not then cataract surgery supervision must take place in this time period.
- Be trained as a clinical supervisor, if not previously accredited, as this is a curriculum requirement.
- Develop skills in running a service. It is acceptable for them to act up as a consultant for up to 3 months during this period <u>https://www.rcophth.ac.uk/training/ost-</u> <u>information/out-of-programme-training/</u>. Otherwise they should take more responsibility on the unit and have the opportunities for management experience.

The above changes will come into force on **1 August 2018.**

Yours sincerely

FimoSpencer

Miss Fiona Spencer FRCS (Glas) FRCOphth Chair – Training Committee